

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
						09/807625					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5	/						55				
6		/					56				
7		/					57				
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38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS	2						TOTAL CLAIMS				